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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
12,584

APPLICATION AS FILED – PART I

(Column 1)		(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A
SEARCH FEE (37 CFR 1.16(k), (j), or (m))	N/A	N/A
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A
TOTAL CLAIMS (37 CFR 1.16(i))	15 minus 20 =	* -
INDEPENDENT CLAIMS (37 CFR 1.16(h))	1 minus 3 =	* -
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

SMALL ENTITY	
RATE (\$)	FEE (\$)
N/A	385
N/A	
N/A	
x =	-
x =	-
N/A	
TOTAL	385

OTHER THAN SMALL ENTITY	
RATE (\$)	FEE (\$)
N/A	
N/A	
N/A	
x =	
x =	
N/A	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total (37 CFR 1.16(i))	* 24	Minus	** 20	= 4
	Independent (37 CFR 1.16(h))	* 2	Minus	*** 3	= -
	Application Size Fee (37 CFR 1.16(s))				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 9 =	36
x =	-
N/A	
TOTAL ADD'L FEE	36

OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x =	
x =	
N/A	
TOTAL ADD'L FEE	

(Column 1)		(Column 2)	(Column 3)		
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(i))	* 22	Minus	** 24	= -
	Independent (37 CFR 1.16(h))	* 4	Minus	*** 3	= 1
	Application Size Fee (37 CFR 1.16(s))				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x =	-
x 100 =	100
N/A	
TOTAL ADD'L FEE	100

OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x =	
x =	
N/A	
TOTAL ADD'L FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/07 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 10/807,041		Filing Date March 23, 2004			
							Applicant(s) Joseph K. Garretson et al					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	X		X		X			51				
2		X		X		X		52				
3		X		X		X	cancel ed	53				
4		X		X		X		54				
5		X		X		X		55				
6		X		X		X		56				
7		X		X		X		57				
8		X		X		X		58				
9		X		X		X		59				
10		X		X		X		60				
11		X		X		X	cancel ed	61				
12		X		X		X		62				
13		X		X		X		63				
14		X		X		X		64				
15		X		X		X		65				
16			X		X			66				
17				X		X		67				
18				X		X		68				
19				X		X		69				
20				X		X		70				
21				X		X		71				
22				X		X		72				
23				X		X		73				
24				X		X		74				
25				X		X		75				
26								76				
27								77				
28								78				
29								79				
30								80				
31								81				
32								82				
33								83				
34								84				
35								85				
36								86				
37								87				
38								88				
39								89				
40								90				
41								91				
42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
Total Indep								Total Indep				
Total Depend								Total Depend				
Total Claims								Total Claims				

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.